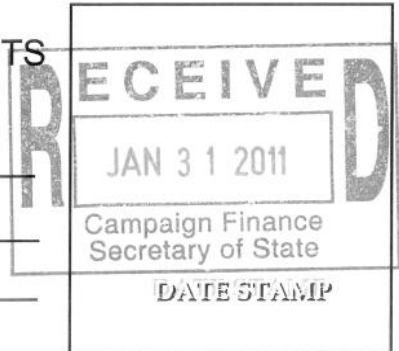


**Political Committee**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
**2010 Non-Judicial Election**



Name of Committee Bill Lockett for Governor  
 Address P.O. Drawer 1000; Clarksdale, MS 38614  
 Telephone (662) 624-2591 Fax (662) 627-5403  
 Treasurer Jon Livingston Email wal@locketttyner.com

☐ Check here if above is different from previous report

**TYPE OF REPORT**

- ☐ **May 25, 2010 Pre-Election Report** (January 1, 2010, through May 22, 2010).....**Mandatory**
- ☐ **June 15, 2010 Pre-Runoff Report** (May 23, 2010, through June 12, 2010).....**Runoff Candidates**
- ☐ **October 26, 2010 Pre-General Report** (May 23, 2010, through October 23, 2010).....**All Candidates**
- ☐ **November 16, 2010 Pre-Runoff Report** (October 24, 2010, through November 13, 2010).....**Runoff Candidates**
- ☒ **January 31, 2011 Annual Report** (January 1, 2010, through December 31, 2010).....**All Candidates and Political Committees**
- ☐ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day *before* the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$478,600.70 + \$7,955.00	\$486,555.70	\$486,555.70
Total amount of disbursements	\$70,578.31 + \$1,103.81	\$71,682.12	\$71,682.12
Total amount of cash on hand		\$350,622.88	

*I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.*

Jon Livingston  
 Signature of Director or Treasurer

1/28/11  
 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.  
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name 921 BE	12/31/2010	\$1,000.00  IN-KIND CONTRIBUTION  DESCRIPTION: Airfare, Car Rental
Mailing Address 143 Yazoo Ave.		
City, State, Zip Code Clarksdale, MS 38614		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Holmes and Gayle Adams	10/18/2010	\$1,000.00
Mailing Address 4129 Sandridge Dr		
City, State, Zip Code Jackson, MS 39211-6549		
Name of Employer (Required) Adams & Reese		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Amy and Michael Adelman	10/22/2010	\$250.00
Mailing Address 33 Camellia Ct		
City, State, Zip Code Hattiesburg, MS 39402-6112		
Name of Employer (Required) Adelman & Steen		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Afendakis	12/31/2010	\$1,000.00
Mailing Address 1599 Cherry Glen Way		
City, State, Zip Code San Jose, CA 95125		
Name of Employer (Required) McKesson		
Occupation (Required) Computers	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ralph Anske	12/19/2010	\$250.00
Mailing Address Unit 3190 Box 13		
City, State, Zip Code DPO, AA 34024		
Name of Employer (Required) None		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Bales	11/28/2010	\$500.00
Mailing Address PO Box 153		
City, State, Zip Code Gallatin Gateway, MT 59730-0153		
Name of Employer (Required) Self		
Occupation (Required) not employed	Aggregate year-to-date	\$500.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Ball	11/11/2010	\$250.00
Mailing Address 1111 McIntosh Circle		
City, State, Zip Code Joplin, MO 64804		
Name of Employer (Required) Self		
Occupation (Required) Physician	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Martha Bergmark	10/23/2010	\$250.00
Mailing Address 6 Montgomery Ave		
City, State, Zip Code Takoma, MD 20912		
Name of Employer (Required) MS Center of Justice		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Walter Blessey IV	10/16/2010	\$250.00
Mailing Address 1012 Beach Blvd		
City, State, Zip Code Biloxi, MS 39530-3779		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00



Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Blues Express, LLC	12/31/2010	\$1,000.00  IN-KIND CONTRIBUTION  DESCRIPTION: Rental
Mailing Address 143 Yazoo Ave.		
City, State, Zip Code Clarksdale, MS 38614		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Boone	10/16/2010	\$250.00
Mailing Address 2001 Claudette Court		
City, State, Zip Code Biloxi, MS 39531		
Name of Employer (Required) Self-Employed		
Occupation (Required) Self Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ann Bowden-Hollis	10/16/2010	\$250.00
Mailing Address 6700 Shore Drive		
City, State, Zip Code Ocean Springs, MS 39564		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> Rollins Branch	10/16/2010	\$300.00
<b>Mailing Address</b> 5323 Keele Street		
<b>City, State, Zip Code</b> Jackson, MS 39206		
<b>Name of Employer (Required)</b> N/A		
<b>Occupation (Required)</b> Retired	<b>Aggregate year-to-date</b>	\$300.00
<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> Constance Brinson	10/23/2010	\$250.00
<b>Mailing Address</b> 880 North Church		
<b>City, State, Zip Code</b> Florence, MS 39073		
<b>Name of Employer (Required)</b> Med AAM I.D.		
<b>Occupation (Required)</b> MS Travel & Center of Infectious Disease	<b>Aggregate year-to-date</b>	\$250.00
<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> Walter Brown	11/11/2010	\$250.00
<b>Mailing Address</b> 523 South Union Street		
<b>City, State, Zip Code</b> Natchez, MS 39120		
<b>Name of Employer (Required)</b> Self-Employed		
<b>Occupation (Required)</b> Attorney	<b>Aggregate year-to-date</b>	\$250.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> George W Bryan	11/18/2010	\$169.29  IN-KIND CONTRIBUTION  DESCRIPTION: Catering, Facilities
<b>Mailing Address</b> 510 S Mendenhall Rd		
<b>City, State, Zip Code</b> Memphis, TN 38117-4246		
<b>Name of Employer (Required)</b> Bryan-Turley Properties		
<b>Occupation (Required)</b> CEO	<b>Aggregate year-to-date</b>	\$1,169.29
<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> George W Bryan	12/17/2010	\$1,000.00
<b>Mailing Address</b> 510 S Mendenhall Rd		
<b>City, State, Zip Code</b> Memphis, TN 38117-4246		
<b>Name of Employer (Required)</b> Bryan-Turley Properties		
<b>Occupation (Required)</b> CEO	<b>Aggregate year-to-date</b>	\$1,169.29
<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> James Bryan	11/18/2010	\$250.00
<b>Mailing Address</b> PO Box 636		
<b>City, State, Zip Code</b> West Point, MS 39773		
<b>Name of Employer (Required)</b> Prairie Livestock/B.Bryan Farms Inc.		
<b>Occupation (Required)</b> Owner	<b>Aggregate year-to-date</b>	\$250.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Butler Optical Center, Inc.	12/28/2010	\$500.00
Mailing Address P.O. Box 1551		
City, State, Zip Code Meridian, MS 39302		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jonathan Byrd	11/23/2010	\$500.00
Mailing Address P.O. Box 10		
City, State, Zip Code Rena Lara, MS 38767		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Camille Tate Realty	10/15/2010	\$250.00
Mailing Address 331 Main Street		
City, State, Zip Code Bay Saint Louis, MS 39520		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full Name</b> Roy Campbell <b>Mailing Address</b> PO Box 1789 <b>City, State, Zip Code</b> Jackson, MS 39215-1789 <b>Name of Employer (Required)</b> Bradley Arant Boulton Cummings LLP <b>Occupation (Required)</b> Attorney	10/18/2010	\$1,000.00
	<b>Aggregate year-to-date</b>	\$1,000.00
<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date (Mo., Day, Year)</b>	<b>Amount of each receipt this period</b>
<b>Full Name</b> Philip E Carby <b>Mailing Address</b> PO Box 1047 <b>City, State, Zip Code</b> Natchez, MS 39121-1047 <b>Name of Employer (Required)</b> Self-Employed <b>Occupation (Required)</b> Attorney	11/11/2010	\$500.00
	<b>Aggregate year-to-date</b>	\$500.00
<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date (Mo., Day, Year)</b>	<b>Amount of each receipt this period</b>
<b>Full Name</b> Dorsey R. Carson Jr. <b>Mailing Address</b> 401 E Capitol St <b>City, State, Zip Code</b> Jackson, MS 39201-2608 <b>Name of Employer (Required)</b> Burr Forman LLP <b>Occupation (Required)</b> Attorney	12/20/2010	\$500.00
	<b>Aggregate year-to-date</b>	\$500.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Circle M Farm, LLC	12/28/2010	\$500.00
Mailing Address P.O. Box 1551		
City, State, Zip Code Meridian, MS 39302		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rita Cochrane	11/18/2010	\$250.00
Mailing Address P.O. Box 221		
City, State, Zip Code West Point, MS 39773		
Name of Employer (Required) First Presbyterian Church of West Point		
Occupation (Required) Pastor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Cocke	12/03/2010	\$2,000.00
Mailing Address 92 Foster Landing Rd.		
City, State, Zip Code Clarksdale, MS 38614		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$2,000.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wilbur Colom	11/21/2010	\$1,000.00
Mailing Address POB 866		
City, State, Zip Code Columbus, MS 39703		
Name of Employer (Required) The Colom Law Firm LLC		
Occupation (Required) Lawyer	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William M Cooley	10/15/2010	\$1,000.00
Mailing Address 1116 Hallmark Dr		
City, State, Zip Code Jackson, MS 39206-2112		
Name of Employer (Required) The Systems Companies		
Occupation (Required) President	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William M Cooley	12/22/2010	\$1,000.00
Mailing Address 1116 Hallmark Dr		
City, State, Zip Code Jackson, MS 39206-2112		
Name of Employer (Required) The Systems Companies		
Occupation (Required) President	Aggregate year-to-date	\$2,000.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Melvin G. Cooper	10/16/2010	\$250.00
Mailing Address 178 Main St		
City, State, Zip Code Biloxi, MS 39530-3830		
Name of Employer (Required) self		
Occupation (Required) attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Scott and Cindy Coopwood	12/13/2010	\$1,000.00
Mailing Address PO Box 117		
City, State, Zip Code Cleveland, MS 38732-0117		
Name of Employer (Required) Coopwood Communication		
Occupation (Required) Media consultant	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Custom Optical, Inc.	12/28/2010	\$500.00
Mailing Address 1301 20th Ave.		
City, State, Zip Code Meridian, MS 39301		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00



Name of Candidate or Committee Bill LockettPage 12 of 61Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elliot Davis	10/16/2010	\$500.00
Mailing Address 9312 Alcove Ln		
City, State, Zip Code Ocean Springs, MS 39564		
Name of Employer (Required) Self		
Occupation (Required) Businessman	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sid Davis	12/02/2010	\$250.00
Mailing Address PO Box 700		
City, State, Zip Code Mendenhall, MS 39114-0700		
Name of Employer (Required) Self		
Occupation (Required) attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda Dawley	10/15/2010	\$500.00
Mailing Address 97444 Diamondhead Dr W		
City, State, Zip Code Diamondhead, MS 39525-4136		
Name of Employer (Required) retired		
Occupation (Required) psychologist	Aggregate year-to-date	\$500.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Dearing	11/14/2010	\$250.00
Mailing Address 305 Melrose-Montebello Parkway		
City, State, Zip Code Natchez, MS 39120		
Name of Employer (Required) Self		
Occupation (Required) Insurance Agent	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ronald D Demilio	12/15/2010	\$1,000.00
Mailing Address 4214 Prytania St		
City, State, Zip Code New Orleans, LA 70115-3841		
Name of Employer (Required) Mother's Restaurant		
Occupation (Required) Sales	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lucy Conner Denton	10/16/2010	\$250.00
Mailing Address 1378 Beach Blvd		
City, State, Zip Code Biloxi, MS 39530-3529		
Name of Employer (Required) City of Biloxi		
Occupation (Required) Councilwoman	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Darlene Diggs	10/23/2010	\$500.00
Mailing Address 168 Timberton Drive		
City, State, Zip Code Hattiesburg, MS 39401		
Name of Employer (Required) none		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Don Barrett	10/07/2010	\$1,000.00
Mailing Address 404 Lexington Estates Road		
City, State, Zip Code Lexington, MS 39095		
Name of Employer (Required) Barrett Law Office		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eastland Law Offices, PLLC.	10/19/2010	\$250.00
Mailing Address 107 Grand Blvd.		
City, State, Zip Code Greenwood, MS 38930		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name ENPAC Mississippi	10/19/2010	\$1,000.00
Mailing Address P.O. Box 1640		
City, State, Zip Code Jackson, MS 39215		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bryan W. Estes	10/16/2010	\$250.00
Mailing Address		
City, State, Zip Code ,		
Name of Employer (Required) Self		
Occupation (Required) Consultant	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ron M. Feder	11/02/2010	\$500.00
Mailing Address PO Box 6829		
City, State, Zip Code Gulfport, MS 39506-6829		
Name of Employer (Required) Davis & Feder		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wayne Ferrell	10/17/2010	\$250.00
Mailing Address P.O. Box 24448		
City, State, Zip Code Jackson, MS 39225		
Name of Employer (Required) Self		
Occupation (Required) Lawyer	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wayne Ferrell	11/14/2010	\$250.00
Mailing Address P.O. Box 24448		
City, State, Zip Code Jackson, MS 39225		
Name of Employer (Required) Self		
Occupation (Required) Lawyer	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wayne Ferrell	12/19/2010	\$250.00
Mailing Address P.O. Box 24448		
City, State, Zip Code Jackson, MS 39225		
Name of Employer (Required) Self		
Occupation (Required) Lawyer	Aggregate year-to-date	\$750.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Harry Flowers	10/06/2010	\$1,000.00
Mailing Address PO Box 159		
City, State, Zip Code Dublin, MS 38739-0159		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Francis	10/18/2010	\$1,000.00
Mailing Address 1527 16th St NW		
City, State, Zip Code Washington, DC 20036-1462		
Name of Employer (Required) DCI Group		
Occupation (Required) Consultant	Aggregate year-to-date	\$1,250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Francis	10/19/2010	\$250.00
Mailing Address 1527 16th St NW		
City, State, Zip Code Washington, DC 20036-1462		
Name of Employer (Required) DCI Group		
Occupation (Required) Consultant	Aggregate year-to-date	\$1,250.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> Patricia Fuchs	10/15/2010	\$250.00
<b>Mailing Address</b> 5720 Anoai Way		
<b>City, State, Zip Code</b> Diamondhead, MS 39525-3597		
<b>Name of Employer (Required)</b> N/A		
<b>Occupation (Required)</b> Retired	<b>Aggregate year-to-date</b>	\$250.00
<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> John G. Fulwiler	10/15/2010	\$250.00
<b>Mailing Address</b> 8479 Amoka Dr		
<b>City, State, Zip Code</b> Diamondhead, MS 39525-4003		
<b>Name of Employer (Required)</b> University of Southern Mississippi		
<b>Occupation (Required)</b> Professor	<b>Aggregate year-to-date</b>	\$250.00
<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> Otis Gates	10/16/2010	\$250.00
<b>Mailing Address</b> 16033 S. April Drive		
<b>City, State, Zip Code</b> Gulfport, MS 39503		
<b>Name of Employer (Required)</b> Gulfport High School		
<b>Occupation (Required)</b> Teacher	<b>Aggregate year-to-date</b>	\$250.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

<b>Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> George Daniel	11/28/2010	\$300.00
<b>Mailing Address</b> P. O. Box 1309		
<b>City, State, Zip Code</b> Pine Mountain, GA 31822		
<b>Name of Employer (Required)</b> Equipment Sales & Service Corp.		
<b>Occupation (Required)</b> President	<b>Aggregate year-to-date</b>	\$300.00
<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> M G Gibbons	10/15/2010	\$250.00
<b>Mailing Address</b> 5834 W. 4th Street		
<b>City, State, Zip Code</b> Hattiesburg, MS 39402		
<b>Name of Employer (Required)</b> Information Requested		
<b>Occupation (Required)</b> Information Requested	<b>Aggregate year-to-date</b>	\$250.00
<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> Felix O Gines	10/16/2010	\$250.00
<b>Mailing Address</b> 268 Ebony Lane		
<b>City, State, Zip Code</b> Biloxi, MS 39530-2305		
<b>Name of Employer (Required)</b> Information Requested		
<b>Occupation (Required)</b> Information Requested	<b>Aggregate year-to-date</b>	\$250.00



Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ed Godfrey	11/11/2010	\$250.00
Mailing Address		
City, State, Zip Code Natchez, MS		
Name of Employer (Required) Belle Exploration		
Occupation (Required) Geologist	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James P. Graeber	12/31/2010	\$500.00
Mailing Address 240 Westover Dr		
City, State, Zip Code Clarksdale, MS 38614-9769		
Name of Employer (Required) None		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Greenbough, Inc.	11/18/2010	\$250.00
Mailing Address PO Box 700		
City, State, Zip Code Clarksdale, MS 38614-0700		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> William Gresham Jr.	12/07/2010	\$250.00
<b>Mailing Address</b> 316 Court St		
<b>City, State, Zip Code</b> Clarksdale, MS 38614-2714		
<b>Name of Employer (Required)</b> Attorney		
<b>Occupation (Required)</b> Self	<b>Aggregate year-to-date</b>	\$250.00
<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> joseph griffith	12/19/2010	\$250.00
<b>Mailing Address</b> 7203 hwy 49		
<b>City, State, Zip Code</b> holly grove, AR 72069		
<b>Name of Employer (Required)</b> none		
<b>Occupation (Required)</b> retired	<b>Aggregate year-to-date</b>	\$250.00
<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> William Corban Gunn	10/16/2010	\$250.00
<b>Mailing Address</b> 441 Elegans Ct		
<b>City, State, Zip Code</b> Ocean Springs, MS 39564-2675		
<b>Name of Employer (Required)</b> Self		
<b>Occupation (Required)</b> Attorney	<b>Aggregate year-to-date</b>	\$250.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charlotte Gutierrez	10/16/2010	\$250.00
Mailing Address 2577 Chatham Court		
City, State, Zip Code Biloxi, MS 39531		
Name of Employer (Required) Self		
Occupation (Required) Writer	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hal Fiser Agency	11/18/2010	\$250.00
Mailing Address P.O. Box 700		
City, State, Zip Code Clarksdale, MS 38614		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rickey J. Hemba	10/16/2010	\$250.00
Mailing Address PO Box 1302		
City, State, Zip Code Ocean Springs, MS 39566-1302		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bobbie Henley	11/14/2010	\$500.00
Mailing Address 212 Eastbrooke II		
City, State, Zip Code Jackson, MS 39216		
Name of Employer (Required) Insurance Management Co.		
Occupation (Required) Owner	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lauren Hillery	10/16/2010	\$250.00
Mailing Address 116 Williamburg Road		
City, State, Zip Code Picayune, MS 39466		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bryant Hirsberg	12/19/2010	\$1,000.00
Mailing Address 785 Ohio Avenue, Ste 3H		
City, State, Zip Code Clarksdale, MS 38614		
Name of Employer (Required) Self		
Occupation (Required) Orthodontist	Aggregate year-to-date	\$1,000.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Douglas A Horne	11/11/2010	\$500.00
Mailing Address 412 N Cedar Bluff Rd		
City, State, Zip Code Knoxville, TN 37923-3631		
Name of Employer (Required) Horne Properties, Inc		
Occupation (Required) CEO	Aggregate year-to-date	\$27,400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Douglas A Horne	11/11/2010	\$500.00
Mailing Address 412 N Cedar Bluff Rd		
City, State, Zip Code Knoxville, TN 37923-3631		
Name of Employer (Required) Horne Properties, Inc		
Occupation (Required) CEO	Aggregate year-to-date	\$27,400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Douglas A Horne	11/11/2010	\$1,400.00
Mailing Address 412 N Cedar Bluff Rd		
City, State, Zip Code Knoxville, TN 37923-3631		
Name of Employer (Required) Horne Properties, Inc		
Occupation (Required) CEO	Aggregate year-to-date	\$27,400.00

IN-KIND  
CONTRIBUTIONDESCRIPTION:  
Catering,  
Facilities

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Douglas A Horne	12/30/2010	\$25,000.00
Mailing Address 412 N Cedar Bluff Rd		
City, State, Zip Code Knoxville, TN 37923-3631		
Name of Employer (Required) Horne Properties, Inc		
Occupation (Required) CEO	Aggregate year-to-date	\$27,400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joseph P. Hudson	10/16/2010	\$250.00
Mailing Address PO Box 908		
City, State, Zip Code Gulfport, MS 39502-0908		
Name of Employer (Required) Hudson and Smith		
Occupation (Required) attorney	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hyde Bros. True Value Building Materials	12/30/2010	\$1,000.00
Mailing Address 861 South State Street		
City, State, Zip Code Clarksdale, MS 38614		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ingram Wilkinson	12/29/2010	\$500.00
Mailing Address P.O. Box 15039		
City, State, Zip Code Hattiesburg, MS 39404		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carroll Ingram	10/15/2010	\$500.00
Mailing Address PO Box 15039		
City, State, Zip Code Hattiesburg, MS 39404-5039		
Name of Employer (Required) Ingram Wilkinson		
Occupation (Required) attorney	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jacks, Adams, Norquist, P.A.	12/30/2010	\$500.00
Mailing Address 150 N. Sharpe Ave.		
City, State, Zip Code Cleveland, MS 38732		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> Catherine H. Jacobs	12/13/2010	\$500.00
<b>Mailing Address</b> 425 Porter Ave		
<b>City, State, Zip Code</b> Ocean Springs, MS 39564-3715		
<b>Name of Employer (Required)</b> Self		
<b>Occupation (Required)</b> Attorney	<b>Aggregate year-to-date</b>	\$500.00
<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> Ginger Johnson	12/30/2010	\$250.00
<b>Mailing Address</b> 11 Oak Knoll Dr		
<b>City, State, Zip Code</b> Clarksdale, MS 38614-1900		
<b>Name of Employer (Required)</b> True Value		
<b>Occupation (Required)</b> Management	<b>Aggregate year-to-date</b>	\$250.00
<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> Milton Johnson	12/30/2010	\$250.00
<b>Mailing Address</b> 1417 Rose Cir		
<b>City, State, Zip Code</b> Clarksdale, MS 38614-3470		
<b>Name of Employer (Required)</b> Hyde Brothers Lumber Company		
<b>Occupation (Required)</b> President	<b>Aggregate year-to-date</b>	\$250.00



Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Johnson III	10/19/2010	\$600.00
Mailing Address PO Box 1678		
City, State, Zip Code Natchez, MS 39121-1678		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Needham Jones	10/15/2010	\$250.00
Mailing Address 18 Dewitt Carter		
City, State, Zip Code Hattiesburg, MS 39401		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Harold Jones	10/07/2010	\$1,000.00
Mailing Address PO Box 282		
City, State, Zip Code Petal, MS 39465-0282		
Name of Employer (Required) Self		
Occupation (Required) attorney	Aggregate year-to-date	\$1,500.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> William Harold Jones	12/17/2010	\$500.00
<b>Mailing Address</b> PO Box 282		
<b>City, State, Zip Code</b> Petal, MS 39465-0282		
<b>Name of Employer (Required)</b> Self		
<b>Occupation (Required)</b> attorney	<b>Aggregate year-to-date</b>	\$1,500.00
<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> John H Jordan	10/15/2010	\$250.00
<b>Mailing Address</b> P.O. Box 1452		
<b>City, State, Zip Code</b> Waynesboro, MS 39367		
<b>Name of Employer (Required)</b> A-1 Janitorial Services of Mississippi		
<b>Occupation (Required)</b> Owner	<b>Aggregate year-to-date</b>	\$250.00
<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> Bernell Kelly	10/31/2010	\$250.00
<b>Mailing Address</b> 11397 Palm Valley Cv		
<b>City, State, Zip Code</b> Gulfport, MS 39503-7745		
<b>Name of Employer (Required)</b> Biloxi School District		
<b>Occupation (Required)</b> Teacher	<b>Aggregate year-to-date</b>	\$250.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jacob Kilburn	10/19/2010	\$250.00
Mailing Address 380 Kilburn Place		
City, State, Zip Code Redwood, MS 39156		
Name of Employer (Required) Mid-Delta Home Health & Hospice		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Koerber	10/23/2010	\$250.00
Mailing Address P.O. Box 18170		
City, State, Zip Code Hattiesburg, MS 39404		
Name of Employer (Required) The Koerber Company		
Occupation (Required) CPA	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Laney	12/01/2010	\$1,000.00
Mailing Address 2560 Highway 6		
City, State, Zip Code Lyon, MS 38645-9413		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate year-to-date	\$1,000.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bill Litton	11/18/2010	\$1,000.00
Mailing Address 555 County Rd #150		
City, State, Zip Code Greenwood, MS 38930		
Name of Employer (Required) Wade Inc		
Occupation (Required) President	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Powell Litton	11/18/2010	\$1,000.00
Mailing Address Friars Point Rd.		
City, State, Zip Code Clarksdale, MS 38614		
Name of Employer (Required) Wade Inc.		
Occupation (Required) Executive	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lockett Tyner Law Firm, PA	12/31/2010	\$1,000.00  IN-KIND CONTRIBUTION  DESCRIPTION: Printing
Mailing Address PO Box 1000		
City, State, Zip Code Clarksdale, MS 38614-1000		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> Bill Lockett	11/15/2010	\$1,604.08  IN-KIND CONTRIBUTION  DESCRIPTION: Catering, Facilities
<b>Mailing Address</b> PO Box 1000		
<b>City, State, Zip Code</b> Clarksdale, MS 38614-1000		
<b>Name of Employer (Required)</b> Self		
<b>Occupation (Required)</b> Businessman	<b>Aggregate year-to-date</b>	\$97,651.08
<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> Bill Lockett	12/24/2010	\$20,000.00
<b>Mailing Address</b> PO Box 1000		
<b>City, State, Zip Code</b> Clarksdale, MS 38614-1000		
<b>Name of Employer (Required)</b> Self		
<b>Occupation (Required)</b> Businessman	<b>Aggregate year-to-date</b>	\$97,651.08
<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> Bill Lockett	12/27/2010	\$25,000.00
<b>Mailing Address</b> PO Box 1000		
<b>City, State, Zip Code</b> Clarksdale, MS 38614-1000		
<b>Name of Employer (Required)</b> Self		
<b>Occupation (Required)</b> Businessman	<b>Aggregate year-to-date</b>	\$97,651.08

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bill Lockett	12/30/2010	\$1,047.00  IN-KIND CONTRIBUTION  DESCRIPTION: Rent and Utilities
Mailing Address PO Box 1000		
City, State, Zip Code Clarksdale, MS 38614-1000		
Name of Employer (Required) Self		
Occupation (Required) Businessman	Aggregate year-to-date	\$97,651.08
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bill Lockett	12/30/2010	\$50,000.00  IN-KIND CONTRIBUTION  DESCRIPTION: Plane Use
Mailing Address PO Box 1000		
City, State, Zip Code Clarksdale, MS 38614-1000		
Name of Employer (Required) Self		
Occupation (Required) Businessman	Aggregate year-to-date	\$97,651.08
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Francine Lockett	12/30/2010	\$125,000.00
Mailing Address 333 Westover Drive		
City, State, Zip Code Clarksdale, MS 38614		
Name of Employer (Required) Lockett Properties		
Occupation (Required) Property Manager	Aggregate year-to-date	\$160,000.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Francine Lockett	12/30/2010	\$25,000.00
Mailing Address 333 Westover Drive		
City, State, Zip Code Clarksdale, MS 38614		
Name of Employer (Required) Lockett Properties		
Occupation (Required) Property Manager	Aggregate year-to-date	\$160,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Francine Lockett	12/30/2010	\$10,000.00
Mailing Address 333 Westover Drive		
City, State, Zip Code Clarksdale, MS 38614		
Name of Employer (Required) Lockett Properties		
Occupation (Required) Property Manager	Aggregate year-to-date	\$160,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Oliver Lockett	11/15/2010	\$5,000.00
Mailing Address 1999 Avenue of the Stars		
City, State, Zip Code Los Angeles, CA 90067-4623		
Name of Employer (Required) iBlast Networks		
Occupation (Required) Chief Technical Officer	Aggregate year-to-date	\$5,000.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name K Sinclair Lundy	10/15/2010	\$400.00
Mailing Address 119 Mandalay Dr		
City, State, Zip Code Hattiesburg, MS 39402-2033		
Name of Employer (Required) Sinclair Lundy		
Occupation (Required) CPA	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leonard Lurie	12/14/2010	\$350.00
Mailing Address 2650 Thousand Oaks Blvd		
City, State, Zip Code Memphis, TN 38118-4353		
Name of Employer (Required) Lurie & Associates, LLC		
Occupation (Required) Real Estate	Aggregate year-to-date	\$700.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leonard Lurie	12/27/2010	\$350.00
Mailing Address 2650 Thousand Oaks Blvd		
City, State, Zip Code Memphis, TN 38118-4353		
Name of Employer (Required) Lurie & Associates, LLC		
Occupation (Required) Real Estate	Aggregate year-to-date	\$700.00



Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MAE-PAC	12/09/2010	\$2,500.00
Mailing Address P.O. Box 2663		
City, State, Zip Code Tuscaloosa, AL 35403		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dr And Mrs Don Marascalco	12/28/2010	\$500.00
Mailing Address PO Box 1551		
City, State, Zip Code Meridian, MS 39302-1551		
Name of Employer (Required) Self		
Occupation (Required) Physician	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Billy & Lequita Martin	10/15/2010	\$250.00
Mailing Address 1717 Mamie St		
City, State, Zip Code Hattiesburg, MS 39401-7429		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Billy & Lequita Martin	10/15/2010	\$250.00
Mailing Address 1717 Mamie St		
City, State, Zip Code Hattiesburg, MS 39401-7429		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mary Kim Martinez	10/19/2010	\$250.00
Mailing Address 154 Reserve Xing		
City, State, Zip Code Madison, MS 39110-7622		
Name of Employer (Required) Stuart C. Irby		
Occupation (Required) Accounts Payable Clerk	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mary Kim Martinez	10/19/2010	\$500.00
Mailing Address 154 Reserve Xing		
City, State, Zip Code Madison, MS 39110-7622		
Name of Employer (Required) Stuart C. Irby		
Occupation (Required) Accounts Payable Clerk	Aggregate year-to-date	\$750.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John and Melody Maxey	10/19/2010	\$1,000.00
Mailing Address 2201 Eastover Dr		
City, State, Zip Code Jackson, MS 39211-6722		
Name of Employer (Required) Maxey Wann		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Natalie Maynor	10/19/2010	\$250.00
Mailing Address 3715 Greenwich Street		
City, State, Zip Code Jackson, MS 39216		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles McRae	10/20/2010	\$1,000.00
Mailing Address 416 E. Amite Street		
City, State, Zip Code Jackson, MS 39201		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00

Name of Candidate or Committee Bill LockettPage 39 of 61Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MedImmune Affairs, Inc.	12/02/2010	\$250.00
Mailing Address One MedImmune Way		
City, State, Zip Code Gaithersburg, MD 20878		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MedImmune Affairs, Inc.	12/06/2010	\$250.00
Mailing Address One MedImmune Way		
City, State, Zip Code Gaithersburg, MD 20878		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donald Medley	10/15/2010	\$250.00
Mailing Address PO Box 1724		
City, State, Zip Code Hattiesburg, MS 39403-1724		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Timothy Cox Medley	12/17/2010	\$500.00
Mailing Address 4431 Wedgewood St		
City, State, Zip Code Jackson, MS 39211-6219		
Name of Employer (Required) Medley and Brown		
Occupation (Required) Financial Advisor	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Derek Miles	10/17/2010	\$600.00  IN-KIND CONTRIBUTION  DESCRIPTION: Catering
Mailing Address 907 E Sunflower Rd		
City, State, Zip Code Cleveland, MS 38732-2830		
Name of Employer (Required) Bolivar Urology Clinic, PA		
Occupation (Required) Adult & Pediatric Urology	Aggregate year-to-date	\$850.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Derek Miles	10/17/2010	\$250.00
Mailing Address 907 E Sunflower Rd		
City, State, Zip Code Cleveland, MS 38732-2830		
Name of Employer (Required) Bolivar Urology Clinic, PA		
Occupation (Required) Adult & Pediatric Urology	Aggregate year-to-date	\$850.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Miller B & B	11/11/2010	\$250.00
Mailing Address 1888 Wensel House B&B		
City, State, Zip Code Natchez, MS 39120		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brown Miller	10/15/2010	\$250.00
Mailing Address 1212 Windsor Dr		
City, State, Zip Code Hattiesburg, MS 39402-2849		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Minyard	12/12/2010	\$1,000.00
Mailing Address 470 CR 101		
City, State, Zip Code Oxford, MS 38655		
Name of Employer (Required) self		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi American Life Insurance Company	10/18/2010	\$1,000.00
Mailing Address P.O. Box 12449		
City, State, Zip Code Jackson, MS 39236		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name F. Marvin Morris	10/15/2010	\$750.00
Mailing Address 285 River Rd		
City, State, Zip Code Hattiesburg, MS 39401-8123		
Name of Employer (Required) Morris Sakalarios & Blackwell		
Occupation (Required) attorney	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rosalin Moss	10/17/2010	\$250.00
Mailing Address 12830 Glenwolde Dr		
City, State, Zip Code Houston, TX 77099-1250		
Name of Employer (Required) Shell Oil Co.		
Occupation (Required) Application Specialist	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pamela Mottley	12/31/2010	\$250.00
Mailing Address 1810 Fuller Street		
City, State, Zip Code Hattiesburg, MS 39401		
Name of Employer (Required) Mississippi State University Early Childhood Insti		
Occupation (Required) Early Childhood Educator and Consultant	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pamela Myrick-Mottley	10/15/2010	\$250.00
Mailing Address 1810 Fuller Street		
City, State, Zip Code Hattiesburg, MS 39401		
Name of Employer (Required) Mississippi State University		
Occupation (Required) Educator	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Naomi's Catering	11/22/2010	\$520.33  IN-KIND CONTRIBUTION  DESCRIPTION: Catering
Mailing Address 18224 Dedeaux Clan Road		
City, State, Zip Code Gulfport, MS 39503		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$520.33



Name of Candidate or Committee Bill LockettPage 44 of 61Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joseph Johnson Nash	10/06/2010	\$250.00
Mailing Address 1206 Kirk Cir		
City, State, Zip Code Greenville, MS 38701-6315		
Name of Employer (Required) Delta Implement Co.		
Occupation (Required) Business	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jennie L. Neblett	12/17/2010	\$3,500.00
Mailing Address 585 S. Greer		
City, State, Zip Code Memphis, TN 38111		
Name of Employer (Required) None		
Occupation (Required) Not Employed	Aggregate year-to-date	\$3,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Susan M Neel	10/18/2010	\$1,000.00
Mailing Address 2055 Brecon Dr		
City, State, Zip Code Jackson, MS 39211-5839		
Name of Employer (Required) Stein Mart		
Occupation (Required) Salesperson	Aggregate year-to-date	\$1,000.00

Name of Candidate or Committee Bill LockettPage 45 of 61Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ocean View Farm, LLC	11/30/2010	\$750.00
Mailing Address 7901 Poplar Pike		
City, State, Zip Code Germantown, TN 38138		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Beth Orlansky	10/19/2010	\$250.00
Mailing Address PO Box 1023		
City, State, Zip Code Jackson, MS 39215-1023		
Name of Employer (Required) MS Center for Justice		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David and Shirley Orlansky	10/19/2010	\$500.00
Mailing Address 1013 Laramie Ct		
City, State, Zip Code Madison, MS 39110-7746		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Trhesa Barksdale Patterson	10/20/2010	\$250.00
Mailing Address P.O. Box 12745		
City, State, Zip Code Jackson, MS 39236		
Name of Employer (Required) Wright Law Firm		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marsha M. Pimperl	10/15/2010	\$250.00
Mailing Address 28 Bernis Hill Rd.		
City, State, Zip Code Taylorsville, MS 39168		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Debra S. Pitts	10/16/2010	\$250.00
Mailing Address 14559 River Trail Ct.		
City, State, Zip Code Gulfport, MS 39503		
Name of Employer (Required) Courtyard-Gulfport Beachfront		
Occupation (Required) Sales Executive	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sandy Prater	12/27/2010	\$1,000.00
Mailing Address 37 Gordon Rd		
City, State, Zip Code Essex Fells, NJ 07021-1603		
Name of Employer (Required) Bloomberg		
Occupation (Required) Manager	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Progress for Mississippi	09/27/2010	\$95,000.00
Mailing Address P.O. Box 1000		
City, State, Zip Code Clarksdale, MS 38614		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$95,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Peyton Prospere	12/31/2010	\$500.00
Mailing Address 1336 St Mary St		
City, State, Zip Code Jackson, MS 39202		
Name of Employer (Required) Watkins & Eager PLLC		
Occupation (Required) attorney	Aggregate year-to-date	\$500.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name R and J Group, Inc.	10/19/2010	\$500.00
Mailing Address 5266 Old Hwy. 11		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Danny Rasberry	10/15/2010	\$1,000.00
Mailing Address 401 Central Ave		
City, State, Zip Code Laurel, MS 39440-3980		
Name of Employer (Required) Gulf States Marketing		
Occupation (Required) CEO	Aggregate year-to-date	\$3,200.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Danny Rasberry	11/23/2010	\$2,200.00
Mailing Address 401 Central Ave		
City, State, Zip Code Laurel, MS 39440-3980		
Name of Employer (Required) Gulf States Marketing		
Occupation (Required) CEO	Aggregate year-to-date	\$3,200.00

IN-KIND  
CONTRIBUTIONDESCRIPTION:  
Catering,  
Facilities

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mallorie D. Rasberry	10/19/2010	\$250.00
Mailing Address P.O. Box 6126		
City, State, Zip Code University, MS 38677		
Name of Employer (Required) Regional Accounting Firm		
Occupation (Required) Assurance Associate	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clara Reed	12/13/2010	\$1,000.00
Mailing Address PO Box 373		
City, State, Zip Code Belzoni, MS 39038-0373		
Name of Employer (Required) Mid-Delta Home Health, Inc.		
Occupation (Required) Management	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stacy and Charles Reeves	10/15/2010	\$250.00
Mailing Address 3 St. Charles Ave.		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dale Riser	12/27/2010	\$1,000.00
Mailing Address 700 Poplar Street		
City, State, Zip Code Greenwood, MS 38930		
Name of Employer (Required) Beard Riser		
Occupation (Required) Architect	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Robertson	10/18/2010	\$1,000.00
Mailing Address PO Box 651		
City, State, Zip Code Jackson, MS 39205-0651		
Name of Employer (Required) Wise Carter Child & Caraway		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ronald Reid Welch, P.A.	10/19/2010	\$250.00
Mailing Address 1823 St. Mary St.		
City, State, Zip Code Jackson, MS 39202		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ross Business Partnerships, LLC.	10/16/2010	\$500.00
Mailing Address 12477 Preservation Drive		
City, State, Zip Code Gulfport, MS 39503		
Name of Employer (Required) Self		
Occupation (Required) Ross Business Partnerships, LLC	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Russell Davis, CPA. P.C.	12/13/2010	\$500.00
Mailing Address 703 McKinney Ave		
City, State, Zip Code Dallas, TX 75202-6011		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dr And Mrs Oliver Sartor	12/27/2010	\$1,000.00
Mailing Address 2025 Gravier St		
City, State, Zip Code New Orleans, LA 70112-2260		
Name of Employer (Required) Self		
Occupation (Required) Physician	Aggregate year-to-date	\$1,000.00



Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full Name</b> George B Schimmel <b>Mailing Address</b> 3630 Kings Hwy <b>City, State, Zip Code</b> Jackson, MS 39216-3321 <b>Name of Employer (Required)</b> Self Employed <b>Occupation (Required)</b> Physician	10/26/2010	\$500.00
<b>Aggregate year-to-date</b>		\$500.00
<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full Name</b> Edwin B. Shackeroff <b>Mailing Address</b> 45 Dana Place <b>City, State, Zip Code</b> Long Beach, CA 90803 <b>Name of Employer (Required)</b> Self <b>Occupation (Required)</b> Physician	12/13/2010	\$500.00
<b>Aggregate year-to-date</b>		\$500.00
<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full Name</b> Derrick Simmons <b>Mailing Address</b> 705 S Washington Ave <b>City, State, Zip Code</b> Greenville, MS 38701-5832 <b>Name of Employer (Required)</b> Simmons & Simmons, PLLC. <b>Occupation (Required)</b> Attorney	10/06/2010	\$250.00
<b>Aggregate year-to-date</b>		\$250.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Errick D Simmons	10/06/2010	\$250.00
Mailing Address P.O. Box 1854		
City, State, Zip Code , MS 11111		
Name of Employer (Required) Simmons & Simmons, PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Simmons	10/16/2010	\$500.00
Mailing Address 692 Mulberry Dr		
City, State, Zip Code Biloxi, MS 39532-4347		
Name of Employer (Required) The Simmons Network		
Occupation (Required) President	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Maria del Pilar Simpson	10/31/2010	\$250.00
Mailing Address 2220 Milner Blvd.		
City, State, Zip Code Gulfport, MS 39507		
Name of Employer (Required) Owner		
Occupation (Required) Negrotto's Gallery	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bethany Stich	11/18/2010	\$250.00
Mailing Address		
City, State, Zip Code ,		
Name of Employer (Required) Mississippi State University		
Occupation (Required) Professor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Edd Sudduth	10/17/2010	\$250.00
Mailing Address 301 Audubon Point Drive		
City, State, Zip Code Brandon, MS 39047		
Name of Employer (Required) Physicians Anesthesia Group		
Occupation (Required) Physician	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joe Taylor	10/15/2010	\$250.00
Mailing Address 1004 Fairview Dr		
City, State, Zip Code Waynesboro, MS 39367-2108		
Name of Employer (Required) City of Waynesboro		
Occupation (Required) Mayor	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> Stephanie Taylor	10/16/2010	\$250.00
<b>Mailing Address</b> 2401 Olde Oak Pointe		
<b>City, State, Zip Code</b> Ocean Springs, MS 39564		
<b>Name of Employer (Required)</b> Gulfshore Medical Consultants		
<b>Occupation (Required)</b> Physician	<b>Aggregate year-to-date</b>	\$250.00
<b>Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> Lee Davis Thames	12/29/2010	\$500.00
<b>Mailing Address</b> 2421 Marshall St		
<b>City, State, Zip Code</b> Vicksburg, MS 39180-4141		
<b>Name of Employer (Required)</b> Attorney		
<b>Occupation (Required)</b> Butler Snow	<b>Aggregate year-to-date</b>	\$500.00
<b>Source:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full Name</b> The Koerber Co., P.A.	10/18/2010	\$1,000.00
<b>Mailing Address</b> 103 Madison Plaza		
<b>City, State, Zip Code</b> Hattiesburg, MS 39402		
<b>Name of Employer (Required)</b> Self		
<b>Occupation (Required)</b> CPA	<b>Aggregate year-to-date</b>	\$1,000.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bennie Turner	11/18/2010	\$250.00
Mailing Address 103 West Main Street		
City, State, Zip Code West Point, MS 39773		
Name of Employer (Required) Turner & Associates		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carey Varnado	10/15/2010	\$250.00
Mailing Address PO Box 1975		
City, State, Zip Code Hattiesburg, MS 39403-1975		
Name of Employer (Required) Montague Pittman & Varnado		
Occupation (Required) Attorney	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carey Varnado	10/15/2010	\$50.00
Mailing Address PO Box 1975		
City, State, Zip Code Hattiesburg, MS 39403-1975		
Name of Employer (Required) Montague Pittman & Varnado		
Occupation (Required) Attorney	Aggregate year-to-date	\$300.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name W. S. Heaton, Jr. Farm	12/31/2010	\$1,000.00
Mailing Address PO Box 158		
City, State, Zip Code Lyon, MS 38645-0158		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Watkins Partners	10/19/2010	\$500.00
Mailing Address 300 W Capitol St		
City, State, Zip Code Jackson, MS 39203-2704		
Name of Employer (Required) Self		
Occupation (Required) Developer	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Waverly Partners, LLC.	11/18/2010	\$1,000.00  IN-KIND CONTRIBUTION  DESCRIPTION: Catering, Facilities
Mailing Address One Magnolia Drive		
City, State, Zip Code West Point, MS 39773		
Name of Employer (Required) Old Waverly Golf Club		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Neel White	12/28/2010	\$1,000.00
Mailing Address 9 Oak Knoll Dr		
City, State, Zip Code Clarksdale, MS 38614-1900		
Name of Employer (Required) Charles Neel White Construction Company		
Occupation (Required) Owner	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Amy S. Whitehead	10/15/2010	\$250.00
Mailing Address 131 Wild Meadows		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required) Retail Therapy, LLC		
Occupation (Required) Owner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rebecca Wiggs	10/19/2010	\$250.00
Mailing Address PO Box 650		
City, State, Zip Code Jackson, MS 39205-0650		
Name of Employer (Required) Watkins & Eager		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mike Williams	10/16/2010	\$1,250.00
Mailing Address 1811 Ray St		
City, State, Zip Code Ocean Springs, MS 39564-2929		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate year-to-date	\$1,250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shane Williams	11/18/2010	\$250.00
Mailing Address 22 Post Oak Drive		
City, State, Zip Code West Point, MS 39773		
Name of Employer (Required) Old Waverly Golf Club		
Occupation (Required) Director of Lodging & Real Estate	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Edward Williamson	10/18/2010	\$1,000.00
Mailing Address PO Box 588		
City, State, Zip Code Philadelphia, MS 39350-0588		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00



Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Wilson	10/16/2010	\$250.00
Mailing Address 3414 Dijon Ave		
City, State, Zip Code Ocean Springs, MS 39564		
Name of Employer (Required) Wilson Elder Law Center		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James P. Wilson	11/18/2010	\$500.00
Mailing Address 5 Oak Knoll Drive		
City, State, Zip Code Clarksdale, MS 38614		
Name of Employer (Required) Fiser Insurance Agency		
Occupation (Required) President/Owner	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles A Woody	10/06/2010	\$500.00
Mailing Address PO Box 273		
City, State, Zip Code Charleston, WV 25321-0273		
Name of Employer (Required) Spilman Thomas & Battle		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William and DeAnn Wright	10/18/2010	\$2,660.00  IN-KIND CONTRIBUTION  DESCRIPTION: Catering
Mailing Address 121 Windrush Dr		
City, State, Zip Code Ridgeland, MS 39157-9787		
Name of Employer (Required) Wright Law Firm, P.A.		
Occupation (Required) Lawyer	Aggregate year-to-date	\$2,660.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gregory Zarzaur	12/31/2010	\$300.00
Mailing Address 1725 14th Avenue South		
City, State, Zip Code Birmingham, AL 35205		
Name of Employer (Required) self		
Occupation (Required) Attorney	Aggregate year-to-date	\$300.00

Name of Candidate or Committee Bill LockettReporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	09/29/2010	\$1.98
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	10/17/2010	\$9.88
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	10/17/2010	\$9.88
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	10/23/2010	\$9.88
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	10/23/2010	\$9.88
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77

Name of Candidate or Committee Bill Lockett

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	10/23/2010	\$9.88
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	10/23/2010	\$19.75
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	10/23/2010	\$1.98
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	10/31/2010	\$9.88
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	10/31/2010	\$9.88
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77

Name of Candidate or Committee Bill Lockett

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	11/02/2010	\$4.94
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	11/07/2010	\$0.99
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	11/14/2010	\$9.88
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	11/14/2010	\$19.75
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	11/14/2010	\$9.88
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77

Name of Candidate or Committee Bill LuckettReporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	11/21/2010	\$39.50
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	11/21/2010	\$1.98
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) fundraising fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	11/28/2010	\$11.85
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	11/28/2010	\$19.75
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) fundraising fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	11/28/2010	\$3.95
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) fundraising fees	Aggregate year-to-date	\$487.77

Name of Candidate or Committee Bill Lockett

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi		
Mailing Address		
14 Arrow St Ste 11	12/12/2010	\$0.99
City, State, Zip Code		
Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$487.77
Fundraising Fees		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi		
Mailing Address		
14 Arrow St Ste 11	12/12/2010	\$3.95
City, State, Zip Code		
Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$487.77
fundraising fees		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi		
Mailing Address		
14 Arrow St Ste 11	12/12/2010	\$3.95
City, State, Zip Code		
Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$487.77
Fundraising Fees		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi		
Mailing Address		
14 Arrow St Ste 11	12/12/2010	\$0.99
City, State, Zip Code		
Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$487.77
Fundraising Fees		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi		
Mailing Address		
14 Arrow St Ste 11	12/12/2010	\$3.95
City, State, Zip Code		
Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$487.77
Fundraising Fees		

Name of Candidate or Committee Bill Lockett

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/12/2010	\$3.95
Mailing Address		
14 Arrow St Ste 11		
City, State, Zip Code		
Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$487.77
Fundraising Fees		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/12/2010	\$3.95
Mailing Address		
14 Arrow St Ste 11		
City, State, Zip Code		
Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$487.77
Fundraising Fees		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/12/2010	\$7.90
Mailing Address		
14 Arrow St Ste 11		
City, State, Zip Code		
Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$487.77
Fundraising Fees		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/12/2010	\$39.50
Mailing Address		
14 Arrow St Ste 11		
City, State, Zip Code		
Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$487.77
Fundraising Fees		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/19/2010	\$9.88
Mailing Address		
14 Arrow St Ste 11		
City, State, Zip Code		
Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$487.77
Fundraising Fees		



Name of Candidate or Committee Bill LuckettReporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/19/2010	\$9.88
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) fundraising fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/19/2010	\$3.95
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/19/2010	\$7.90
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/19/2010	\$1.98
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/19/2010	\$0.99
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77

Name of Candidate or Committee Bill Lockett  
 Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/19/2010	\$0.60
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/19/2010	\$39.50
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/19/2010	\$9.88
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/19/2010	\$1.98
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/31/2010	\$3.95
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77

Name of Candidate or Committee Bill Lockett

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/31/2010	\$11.85
Mailing Address		
14 Arrow St Ste 11		
City, State, Zip Code		
Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$487.77
Fundraising Fees		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/31/2010	\$0.20
Mailing Address		
14 Arrow St Ste 11		
City, State, Zip Code		
Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$487.77
Fundraising Fees		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/31/2010	\$0.60
Mailing Address		
14 Arrow St Ste 11		
City, State, Zip Code		
Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$487.77
Fundraising fees		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/31/2010	\$3.95
Mailing Address		
14 Arrow St Ste 11		
City, State, Zip Code		
Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$487.77
Fundraising Fees		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/31/2010	\$3.95
Mailing Address		
14 Arrow St Ste 11		
City, State, Zip Code		
Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$487.77
Fundraising Fees		

Name of Candidate or Committee Bill LockettReporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/31/2010	\$39.50
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/31/2010	\$0.99
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/31/2010	\$0.99
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/31/2010	\$0.79
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/31/2010	\$1.98
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77

Name of Candidate or Committee Bill LockettReporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/31/2010	\$0.79
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/31/2010	\$0.79
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/31/2010	\$3.95
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/31/2010	\$0.99
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/31/2010	\$1.98
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77

Name of Candidate or Committee Bill Lockett

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/31/2010	\$9.88
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/31/2010	\$19.75
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/31/2010	\$3.95
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) fundraising fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/31/2010	\$1.98
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Mississippi	12/31/2010	\$3.95
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising Fees	Aggregate year-to-date	\$487.77

Name of Candidate or Committee Bill LuckettReporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Suzi Altman	11/30/2010	\$780.00
Mailing Address 103 River Bend Drive		
City, State, Zip Code Brandon, MS 39047		
Purpose of Disbursement (Optional) 13 prints	Aggregate year-to-date	\$780.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
American Express	10/25/2010	\$232.68
Mailing Address PO Box 650448		
City, State, Zip Code Dallas, TX 75265-0448		
Purpose of Disbursement (Optional) meals	Aggregate year-to-date	\$781.99
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
American Express	11/17/2010	\$549.31
Mailing Address PO Box 650448		
City, State, Zip Code Dallas, TX 75265-0448		
Purpose of Disbursement (Optional) airplane fuel	Aggregate year-to-date	\$781.99
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
AT & T Mobility	09/30/2010	\$136.95
Mailing Address PO Box 538695		
City, State, Zip Code Atlanta, GA 30353-8695		
Purpose of Disbursement (Optional) cellular phone service	Aggregate year-to-date	\$545.30
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
AT & T Mobility	11/09/2010	\$136.74
Mailing Address PO Box 538695		
City, State, Zip Code Atlanta, GA 30353-8695		
Purpose of Disbursement (Optional) cellular phone service	Aggregate year-to-date	\$545.30

Name of Candidate or Committee Bill Luckett  
 Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
AT & T Mobility	11/30/2010	\$136.74
Mailing Address PO Box 538695		
City, State, Zip Code Atlanta, GA 30353-8695		
Purpose of Disbursement (Optional) phone services	Aggregate year-to-date	\$545.30
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
AT & T Mobility	11/30/2010	\$134.87
Mailing Address PO Box 538695		
City, State, Zip Code Atlanta, GA 30353-8695		
Purpose of Disbursement (Optional) phone services	Aggregate year-to-date	\$545.30
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
AT & T	10/21/2010	\$214.63
Mailing Address PO Box 105262		
City, State, Zip Code Atlanta, GA 30348-5262		
Purpose of Disbursement (Optional) phone bill	Aggregate year-to-date	\$418.26
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
AT & T	11/19/2010	\$203.63
Mailing Address PO Box 105262		
City, State, Zip Code Atlanta, GA 30348-5262		
Purpose of Disbursement (Optional) phone service	Aggregate year-to-date	\$418.26
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Bank of America	11/10/2010	\$1,476.72
Mailing Address PO Box 851001		
City, State, Zip Code Dallas, TX 75285-1001		
Purpose of Disbursement (Optional) airplane fuel, fuel, food, hotle room	Aggregate year-to-date	\$1,476.72



Name of Candidate or Committee Bill Lockett  
 Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Brent Caldwell	11/30/2010	\$727.20
Mailing Address P O Drawer 1000		
City, State, Zip Code Clarksdale, MS 38614		
Purpose of Disbursement (Optional) contract services	Aggregate year-to-date	\$727.20
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Capitol One	11/16/2010	\$1,097.50
Mailing Address PO Box 6492		
City, State, Zip Code Carol Stream, IL 60197-6492		
Purpose of Disbursement (Optional) airplane fuel	Aggregate year-to-date	\$1,097.50
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Isaiah D Castilla	10/08/2010	\$1,875.00
Mailing Address 139 Inez Owens Dr		
City, State, Zip Code Jackson, MS 39212-3264		
Purpose of Disbursement (Optional) fundraising consulting	Aggregate year-to-date	\$13,125.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Isaiah D Castilla	10/22/2010	\$1,875.00
Mailing Address 139 Inez Owens Dr		
City, State, Zip Code Jackson, MS 39212-3264		
Purpose of Disbursement (Optional) fundraising consulting	Aggregate year-to-date	\$13,125.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Isaiah D Castilla	11/05/2010	\$1,875.00
Mailing Address 139 Inez Owens Dr		
City, State, Zip Code Jackson, MS 39212-3264		
Purpose of Disbursement (Optional) fundraising services	Aggregate year-to-date	\$13,125.00

Name of Candidate or Committee Bill Lockett

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Isaiah D Castilla	11/19/2010	\$1,875.00
Mailing Address 139 Inez Owens Dr		
City, State, Zip Code Jackson, MS 39212-3264		
Purpose of Disbursement (Optional) fundraising services	Aggregate year-to-date	\$13,125.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Isaiah D Castilla	12/03/2010	\$1,875.00
Mailing Address 139 Inez Owens Dr		
City, State, Zip Code Jackson, MS 39212-3264		
Purpose of Disbursement (Optional) fundraising consulting	Aggregate year-to-date	\$13,125.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Isaiah D Castilla	12/17/2010	\$1,875.00
Mailing Address 139 Inez Owens Dr		
City, State, Zip Code Jackson, MS 39212-3264		
Purpose of Disbursement (Optional) fundraising services	Aggregate year-to-date	\$13,125.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Isaiah D Castilla	12/31/2010	\$1,875.00
Mailing Address 139 Inez Owens Dr		
City, State, Zip Code Jackson, MS 39212-3264		
Purpose of Disbursement (Optional) fundraising contract services	Aggregate year-to-date	\$13,125.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Cellular South	10/06/2010	\$93.29
Mailing Address PO Box 519		
City, State, Zip Code Meadville, MS 39653-0519		
Purpose of Disbursement (Optional) cellular phone service	Aggregate year-to-date	\$249.97

Name of Candidate or Committee Bill Luckett

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Cellular South	10/28/2010	\$79.10
Mailing Address PO Box 519		
City, State, Zip Code Meadville, MS 39653-0519		
Purpose of Disbursement (Optional) cellular phone bill	Aggregate year-to-date	\$249.97
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Cellular South	11/30/2010	\$77.58
Mailing Address PO Box 519		
City, State, Zip Code Meadville, MS 39653-0519		
Purpose of Disbursement (Optional) phone services	Aggregate year-to-date	\$249.97
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Citi Cards	10/06/2010	\$770.10
Mailing Address PO Box 183051		
City, State, Zip Code Columbus, OH 43218-3051		
Purpose of Disbursement (Optional) airfare	Aggregate year-to-date	\$770.10
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Rickey L. Cole	10/29/2010	\$1,500.00
Mailing Address 303 East Main Street		
City, State, Zip Code Utica, MS 39175		
Purpose of Disbursement (Optional) fundraising services	Aggregate year-to-date	\$3,000.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Rickey L. Cole	11/19/2010	\$1,500.00
Mailing Address 303 East Main Street		
City, State, Zip Code Utica, MS 39175		
Purpose of Disbursement (Optional) fundraising services	Aggregate year-to-date	\$3,000.00

Name of Candidate or Committee Bill Luckett

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Kashira Edwards	09/30/2010	\$88.45
Mailing Address 1076 Vincent		
City, State, Zip Code Clarksdale, MS 38614		
Purpose of Disbursement (Optional) clerical contract services	Aggregate year-to-date	\$448.07
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Kashira Edwards	10/13/2010	\$89.90
Mailing Address 1076 Vincent		
City, State, Zip Code Clarksdale, MS 38614		
Purpose of Disbursement (Optional) clerical	Aggregate year-to-date	\$448.07
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Kashira Edwards	10/28/2010	\$70.33
Mailing Address 1076 Vincent		
City, State, Zip Code Clarksdale, MS 38614		
Purpose of Disbursement (Optional) clerical	Aggregate year-to-date	\$448.07
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Kashira Edwards	11/11/2010	\$105.13
Mailing Address 1076 Vincent		
City, State, Zip Code Clarksdale, MS 38614		
Purpose of Disbursement (Optional) clerical	Aggregate year-to-date	\$448.07
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Kashira Edwards	11/24/2010	\$48.58
Mailing Address 1076 Vincent		
City, State, Zip Code Clarksdale, MS 38614		
Purpose of Disbursement (Optional) clerical services	Aggregate year-to-date	\$448.07

Name of Candidate or Committee Bill Luckett

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Kashira Edwards	12/09/2010	\$45.68
Mailing Address 1076 Vincent		
City, State, Zip Code Clarksdale, MS 38614		
Purpose of Disbursement (Optional) clerical services	Aggregate year-to-date	\$448.07
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Eleison Group, LLC	09/30/2010	\$5,000.00
Mailing Address 3711 Albemarle St NW		
City, State, Zip Code Washington, DC 20016-1805		
Purpose of Disbursement (Optional) contract services	Aggregate year-to-date	\$15,000.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Eleison Group, LLC	10/29/2010	\$5,000.00
Mailing Address 3711 Albemarle St NW		
City, State, Zip Code Washington, DC 20016-1805		
Purpose of Disbursement (Optional) contract services	Aggregate year-to-date	\$15,000.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Eleison Group, LLC	11/26/2010	\$5,000.00
Mailing Address 3711 Albemarle St NW		
City, State, Zip Code Washington, DC 20016-1805		
Purpose of Disbursement (Optional) consulting services	Aggregate year-to-date	\$15,000.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Expedia, Inc.	10/12/2010	\$843.95
Mailing Address 333 108th Ave NE		
City, State, Zip Code Bellevue, WA 98004-5703		
Purpose of Disbursement (Optional) hotel rooms	Aggregate year-to-date	\$1,346.50

Name of Candidate or Committee Bill Lockett

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Expedia, Inc.	11/17/2010	\$502.55
Mailing Address 333 108th Ave NE		
City, State, Zip Code Bellevue, WA 98004-5703		
Purpose of Disbursement (Optional) lodging	Aggregate year-to-date	\$1,346.50
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Beebe S Garrard	10/19/2010	\$517.50
Mailing Address 200 S Fifth Ave		
City, State, Zip Code Cleveland, MS 38732-3101		
Purpose of Disbursement (Optional) contract services	Aggregate year-to-date	\$517.50
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Gilmore Campaign Fund	10/25/2010	\$250.00
Mailing Address 529 Woodland Hills Place		
City, State, Zip Code Jackson, MS 39216		
Purpose of Disbursement (Optional) Contribution	Aggregate year-to-date	\$250.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Greenwood Voters League	12/03/2010	\$100.00
Mailing Address PO Box 8173		
City, State, Zip Code Greenwood, MS 38935-8173		
Purpose of Disbursement (Optional) program ad/event sponsorship	Aggregate year-to-date	\$250.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Greenwood Voters League	12/10/2010	\$150.00
Mailing Address PO Box 8173		
City, State, Zip Code Greenwood, MS 38935-8173		
Purpose of Disbursement (Optional) contribution	Aggregate year-to-date	\$250.00

Name of Candidate or Committee Bill Luckett

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Harvey Dallas Printing & Graphics		
Mailing Address PO Box 902	10/07/2010	\$90.21
City, State, Zip Code Jackson, MS 39205-0902		
Purpose of Disbursement (Optional) postage for mailouts	Aggregate year-to-date	\$1,954.10
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Harvey Dallas Printing & Graphics		
Mailing Address PO Box 902	10/13/2010	\$207.00
City, State, Zip Code Jackson, MS 39205-0902		
Purpose of Disbursement (Optional) invitations	Aggregate year-to-date	\$1,954.10
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Harvey Dallas Printing & Graphics		
Mailing Address PO Box 902	10/21/2010	\$1,656.89
City, State, Zip Code Jackson, MS 39205-0902		
Purpose of Disbursement (Optional) printing of invitations	Aggregate year-to-date	\$1,954.10
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Hinds County Democratic Executive Committee		
Mailing Address P O Box 22484	10/21/2010	\$430.00
City, State, Zip Code Jackson, MS 39335-2484		
Purpose of Disbursement (Optional) ad and tickets	Aggregate year-to-date	\$430.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Luckett Tyner Law Firm, PA		
Mailing Address PO Box 1000	10/06/2010	\$92.83
City, State, Zip Code Clarksdale, MS 38614-1000		
Purpose of Disbursement (Optional) reimbursement for envelopes	Aggregate year-to-date	\$1,020.48

Name of Candidate or Committee Bill LuckettReporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Luckett Tyner Law Firm, PA	10/06/2010	\$300.00
Mailing Address PO Box 1000		
City, State, Zip Code Clarksdale, MS 38614-1000		
Purpose of Disbursement (Optional) reimbursement for copies	Aggregate year-to-date	\$1,020.48
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Luckett Tyner Law Firm, PA	10/18/2010	\$316.80
Mailing Address PO Box 1000		
City, State, Zip Code Clarksdale, MS 38614-1000		
Purpose of Disbursement (Optional) postage	Aggregate year-to-date	\$1,020.48
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Luckett Tyner Law Firm, PA	10/20/2010	\$30.85
Mailing Address PO Box 1000		
City, State, Zip Code Clarksdale, MS 38614-1000		
Purpose of Disbursement (Optional) reimburse FedEx charges	Aggregate year-to-date	\$1,020.48
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Luckett Tyner Law Firm, PA	12/28/2010	\$280.00
Mailing Address PO Box 1000		
City, State, Zip Code Clarksdale, MS 38614-1000		
Purpose of Disbursement (Optional) copies	Aggregate year-to-date	\$1,020.48
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mack/Crounse Group	10/08/2010	\$1,407.75
Mailing Address 2001 N. Beauregard Street Suite 420		
City, State, Zip Code Alexandria, VA 22311		
Purpose of Disbursement (Optional) 7500 brochures	Aggregate year-to-date	\$1,407.75



Name of Candidate or Committee Bill Luckett  
 Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mathis Aviation	10/21/2010	\$345.00
Mailing Address 1011 Harvard Street		
City, State, Zip Code Cleveland, MS 38732		
Purpose of Disbursement (Optional) airplane flight	Aggregate year-to-date	\$345.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mississippi A. Philip Randolph Institute	09/30/2010	\$575.00
Mailing Address P O Box 10416		
City, State, Zip Code Jackson, MS 39289		
Purpose of Disbursement (Optional) conference sponsorship	Aggregate year-to-date	\$575.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mississippi Democratic Party	12/31/2010	\$300.00
Mailing Address P O Box 1583		
City, State, Zip Code Jackson, MS 39215		
Purpose of Disbursement (Optional) fee	Aggregate year-to-date	\$300.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
NGP Software, Inc.	09/30/2010	\$1,800.00
Mailing Address 1225 I St NW Ste 1225		
City, State, Zip Code Washington, DC 20005-5918		
Purpose of Disbursement (Optional) software subscription renewal	Aggregate year-to-date	\$1,840.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
NGP Software, Inc.	10/28/2010	\$40.00
Mailing Address 1225 I St NW Ste 1225		
City, State, Zip Code Washington, DC 20005-5918		
Purpose of Disbursement (Optional) fee for email overages	Aggregate year-to-date	\$1,840.00

Name of Candidate or Committee Bill Lockett

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
PayPal		
Mailing Address		
P O Box 960089	12/08/2010	\$207.00
City, State, Zip Code		
Orlando, FL 32896-0080		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$207.00
tickets for NAACP banquet		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Regina Watts		
Mailing Address		
1396 Stovall Rd	09/30/2010	\$300.00
City, State, Zip Code		
Clarksdale, MS 38614-9790		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$900.00
accounting services for Sept.		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Regina Watts		
Mailing Address		
1396 Stovall Rd	10/29/2010	\$300.00
City, State, Zip Code		
Clarksdale, MS 38614-9790		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$900.00
accounting services for October		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Regina Watts		
Mailing Address		
1396 Stovall Rd	11/26/2010	\$300.00
City, State, Zip Code		
Clarksdale, MS 38614-9790		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$900.00
accountanting services for Nov.		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Robin Rushing		
Mailing Address		
PO Box 2268	10/08/2010	\$1,396.00
City, State, Zip Code		
Clarksdale, MS 38614-8268		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$7,679.39
administrative consulting		

Name of Candidate or Committee Bill Luckett

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Robin Rushing		
Mailing Address PO Box 2268	10/22/2010	\$931.13
City, State, Zip Code Clarksdale, MS 38614-8268		
Purpose of Disbursement (Optional) administrative consulting	Aggregate year-to-date	\$7,679.39
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Robin Rushing		
Mailing Address PO Box 2268	11/05/2010	\$931.13
City, State, Zip Code Clarksdale, MS 38614-8268		
Purpose of Disbursement (Optional) administrative consulting	Aggregate year-to-date	\$7,679.39
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Robin Rushing		
Mailing Address PO Box 2268	11/19/2010	\$931.13
City, State, Zip Code Clarksdale, MS 38614-8268		
Purpose of Disbursement (Optional) administrative consulting	Aggregate year-to-date	\$7,679.39
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Robin Rushing		
Mailing Address PO Box 2268	12/03/2010	\$1,396.00
City, State, Zip Code Clarksdale, MS 38614-8268		
Purpose of Disbursement (Optional) administrative consulting	Aggregate year-to-date	\$7,679.39
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Robin Rushing		
Mailing Address PO Box 2268	12/17/2010	\$1,396.00
City, State, Zip Code Clarksdale, MS 38614-8268		
Purpose of Disbursement (Optional) administrative consulting services	Aggregate year-to-date	\$7,679.39

Name of Candidate or Committee Bill Luckett  
 Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Robin Rushing	12/23/2010	\$698.00
Mailing Address PO Box 2268		
City, State, Zip Code Clarksdale, MS 38614-8268		
Purpose of Disbursement (Optional) administrative consulting	Aggregate year-to-date	\$7,679.39
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
StickerGiant.com	10/12/2010	\$313.66
Mailing Address 11755 North 75th St, Suite B		
City, State, Zip Code Longmont, CO 80503		
Purpose of Disbursement (Optional) print order	Aggregate year-to-date	\$313.66
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
U.S. Bank	11/26/2010	\$334.05
Mailing Address PO Box 790408		
City, State, Zip Code Saint Louis, MO 63179-0408		
Purpose of Disbursement (Optional) food, fuel, postage	Aggregate year-to-date	\$334.05
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Zata3	10/13/2010	\$6,000.00
Mailing Address 458 New Jersey Avenue, SE		
City, State, Zip Code Washington, DC 20003		
Purpose of Disbursement (Optional) website design	Aggregate year-to-date	\$12,000.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Zata3	10/27/2010	\$6,000.00
Mailing Address 458 New Jersey Avenue, SE		
City, State, Zip Code Washington, DC 20003		
Purpose of Disbursement (Optional) website design contract services	Aggregate year-to-date	\$12,000.00